FILLING OUT THE DD FORM 577 CORRECTLY

- BLOCK 1- WILL BE FILLED OUT WITH THE FULL NAME OF THE APPOINTEE
- BLOCK 2- WILL BE FILLED OUT WITH THE APPOINTEE'S EDIPI
- BLOCK 3- WILL BE THE APPOINTEE'S TITLE(ADJUTANT, SNCOIC, ADMIN CLERK, ETC.)
- BLOCK 4- WILL CONTAIN THE APPOINTESS DOD COMPONENT AND UNIT
- BLOCK 5- WILL BE FILLED OUT WITH THE APPOINTEE'S UNITS

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397, 31 U.S.C. Sections 3325, 3528, DoDFMR, 7000.14-R, Vol. 5.
PRINCIPAL PURPOSE(S): To maintain a record of appointment and termination of appointment of persons to any of the positions listed in Item 6, and to identify the duties associated with this appointment.
SORN T1300 (http://dpclo.defense.gov/Pricacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6235/t1300.aspx)
ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C Section 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve Banks to verify authority of the appointed individuals to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published at: http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx.
DISCLOSURE Voluntary; however, failure to provide the requested information may preclude appointments.

SECTION I - APPOINTEE

1. NAME *(First, Middle Initial, Last and Rank or Grade)*	2. DoD ID NUMBER	3. TITLE

4. DOD COMPONENT/ORGANIZATION	5. ADDRESS *(Include ZIP Code, email address, and telephone number with area code and DSN)*

- BLOCKS 6, 7, AND 8 WILL BE FILLED OUT WITH THE POSITION APPOINTED TO, THE RESPONSIBILITIES FOR THE CERTAIN BILLET THAT THE DD577 IS FOR, AND THE REFERENCES THAT ARE USED TO PERFORM THOSE RESPOSIBILITIES.
- THESE BLOCKS DO NOT NEED TO BE TOUCHED THEY ARE PRE-FILLED OUT

6. POSITION TO WHICH APPOINTED *(X appropriate box - one only. Checking more than one invalidates the appointment.)*

[ ] DISBURSING OFFICER: DSSN	[ ] CASHIER	[ ] CHANGE FUND CUSTODIAN
[ ] DEPUTY DISBURSING OFFICER: DSSN	[ ] PAYING AGENT	[ ] IMPREST FUND CASHIER
[ ] CERTIFYING OFFICER	[ ] COLLECTIONS AGENT	[ ] SAFEKEEPING CUSTODIAN
[X] DEPARTMENTAL ACCOUNTABLE OFFICIAL	[ ] DISBURSING AGENT	[ ] ASSISTANT SAFEKEEPING CUSTODIAN

7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE:

(Routing Official). Review DTS travel documents (Travel Authorization, Vouchers and Local Vouchers). As a Routing Official, you shall be responsible for reviewing travel documents prepared under DTS in accordance with Appendix O of the JFTR/JTR . You do not have the authority to obligate funds or to certify travel documents for payment.

The RO must comply with with all requirements of the Privacy Act of 1974. Any use of DTS information for other than official business may subject the RO to possible criminal penalties and/or administrative sanctions.

8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:

DoD FMR Vol. 5, Chapter 33; DoD FMR Vol. 9, Chapter 2; JFTR vol. 1, Appendix O; and JTR vol. 2, Appendix O; MCO 4650.39A

- BLOCK 9- THIS WILL BE FILLED OUT WITH THE FULL NAME OF THE APPOINTING OFFICIAL, USUALLY THE CO, XO, ETC.
- BLOCK 10- THIS WILL BE FILLED OUT WITH PERSON IN BLOCK 9'S TITLE, AGAIN CO, XO, ETC
- BLOCK 11- THIS BLOCK WILL BE FOR THE COMPONENT(USMC, NAVY ETC.) AND THE ORGANIZATION THAT THE MEMBER IS REQUESTING ACCESS OVER (1/1, CLR-17, DIVISION)
- BLOCK 12- THIS BLOCK IS THE DATE THAT THE APPOINTING OFFICIAL SIGNS OFF ON THE FORM
- BLOCK 13- THIS BLOCK IS FOR THE ACTUAL SIGNATURE OF THE APPOINTING OFFICIAL

SECTION II - APPOINTING AUTHORITY		
9. NAME *(First, Middle Initial, Last)*	10. TITLE	11. DOD COMPONENT/ORGANIZATION
12. DATE *(YYYYMMDD)*	13. SIGNATURE	

- BLOCK 14 WILL BE THE FULL NAME OF THE APPOINTEE
- BLOCK 15 WILL BE THE DATE (NOTE THAT IT STATES “NOT EARLIER THAN THE DATE OR SIGNATURE IN BLOCKS 12 OR 13”)
- BLOCK 16 WILL BE THE APPOINTEE’S SIGNATURE

SECTION III - APPOINTEE ACKNOWLEDGEMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds or payment certification, as appropriate, under my control. I have been counseled on my pecuniary liability applicable to this appointment and have been given written operating instructions. I certify that my official signature is shown in item 16 below.

14. PRINTED NAME *(First, Middle Initial, Last)*	15. DATE *(YYYYMMDD) (Not earlier than date in Item 12 or 13)*	16. SIGNATURE
		a. DIGITAL
		b. MANUAL

- BLOCK 17 WILL BE THE DATE THE DD577 IS INITIALED BY THE APPOINTEE WHEN HE/SHE WANTS TO TERMINATE THEIR PERMISSIONS
- BLOCK 18 WILL BE THE APPOINTEES INITIALS
- BLOCK 19 WILL BE THE FULL NAME OF THE APPOINTING AUTHORITY
- BLOCK 20 WILL BE THE APPOINTING AUTHORITIES TITLE
- BLOCK 21 WILL BE THE APPOINTING AUTHORITIES SIGNATURE

SECTION IV - APPOINTMENT TERMINATION		
The appointment of the individual named above is hereby revoked.	17. DATE *(YYYYMMDD)*	18. APPOINTEE INITIALS
19. NAME OF APPOINTING AUTHORITY	20. TITLE	21. APPOINTING AUTHORITY SIGNATURE

SECTION II - APPOINTING AUTHORITY

9. NAME *(First, Middle Initial, Last)*	10. TITLE	11. DOD COMPONENT/ORGANIZATION

12. DATE *(YYYYMMDD)*	13. SIGNATURE

SECTION III

I acknowledge and accept the position and respo ed
States for all public funds or payment certification, as liability
applicable to this appointment and have been given v in item
16 below.

14. PRINTED NAME *(First, Middle Initial, Last)*	15. DAT earlie

SECTION IV

The appointment of the individual named above is hereby revoked.	17. DATE *(YYYYMMDD)*	18. APPOINTEE INITIALS

19. NAME OF APPOINTING AUTHORITY	20. TITLE	21. APPOINTING AUTHORITY SIGNATURE

THE LATEST VERSION OF THE DD FORM 577 THAT WE EXCEPT IS FROM JUL 2014 ANY FORM WITH A DATE PRIOR TO THIS IS CONSIDERED TO BE EXPIRED